****Westmeadows Primary School ~ Term 3, 2021**

**Onsite Supervision Application 30/8/21-3/9/21**

By completing this form, I declare that there is no adult/guardian at home and no other arrangements can be made.

**EMPLOYER’S DETAILS**

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  | Attach your Authorised Provider and Authorised Worker Permit |
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|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Student’s full name | | Date of Birth | Grade eg: 3/4Z |
| 1. |  | |  |  |
| 2. |  | |  |  |
| 3. |  | |  |  |
| 4. |  | |  |  |
| By submitting this form, I declare that my child/ren is/are well and I will collect my child/ren as soon as is practicable upon the request of the school if my child becomes unwell. | | | | |
| **This form must be submitted no later than Thursday@ 4pm prior to the requested week.** | | |  |  |  | | --- | --- | --- | | Day | Date | AM, PM or ALL DAY | | Monday |  |  | | Tuesday |  |  | | Wednesday |  |  | | Thursday |  |  | | Friday |  |  | | | |
| Emergency contact details  During : | |  | | |

|  |  |
| --- | --- |
| Medical Conditions |  |
| Child 1 - |  |
| Child 2 - |  |
| Child 3 - |  |
| Child 4 - |  |

Parent/Guardian name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_